# THE CHRISTIAN RELIGION AS A HEALING POWER

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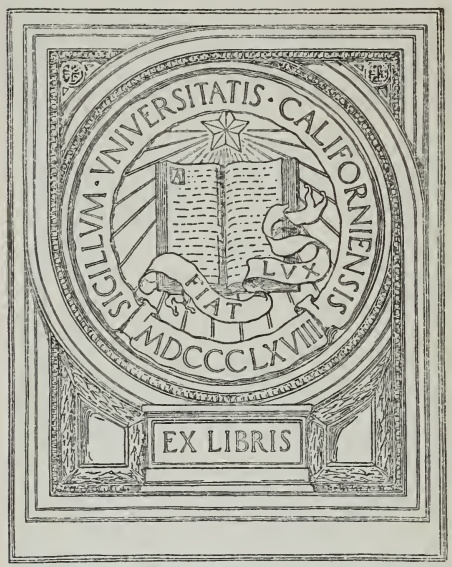


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# THE CHRISTIAN RELIGION AS A HEALING POWER

# THE CHRISTIAN RELIGION AS A HEALING POWER

A Defense and Exposition
of the
Emmanuel Movement

BY
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## PREFATORY NOTE

Since the publication of the book *Religion and Medicine,* about eighteen months ago, a widespread desire has been expressed for a brief and simple exposition of the ideas and methods of what has come to be called "The Emmanuel Movement." This little book has been written in order to meet this desire, and should be read as a supplement to *Religion and Medicine.* The first part, by Dr. Worcester, appeared as an article in *The Century Magazine* for July, 1909. It is here reprinted with the exception of a few sentences as it was originally published. The second part, by Dr. McComb, appeared in the pages of *The Hibbert Journal* for October, 1909. It is now issued in a revised and expanded form.

Boston, November, 1909.

# THE EMMANUEL MOVEMENT

## PART I

### 1. Introductory.

I learned from Renan the practice of never replying to criticism, a rule which has saved me much vexation, and which I shall not much relax now. I have read, however, the few serious criticisms which have been directed against our undertaking, and I have endeavored to profit by them. Up to a few months ago what troubled me most in the rapid spread of our so-called Movement was the absence of opposition, the willingness of thousands and tens of thousands of persons to accept principles which I had supposed would recommend themselves to but few. In those days I frequently used to say to myself: " 'Woe unto you, when all men shall speak well of you! for so did their fathers to the false prophets.' " During the

last year I have had no occasion to remind myself of these words. Other and more consoling sayings of Jesus, and other episodes in the history of our religion, have suggested themselves to my mind. In other words, with the appearance of the "Ladies' Home Journal" articles, and with the free circulation of "Religion and Medicine" and of "The Living Word," our undertaking entered a new period of development in which the bare idea, divorced from personality and from friendly sentiment, and but poorly expressed in words, must descend into the arena of public opinion and fight for its right to exist. This was to be expected. Every new truth which affects life must pass through a period in which it is hated before it attains the period in which it is loved. What people dread is change; what they wish is to be let alone. They will kill the reformer, if they can, and only those reformers who refuse to be killed, but who for years together go on savagely, patiently, tenderly reiterating the same message, in the end have their way, and are believed.

## 2. Criticism—True and False.

Of the open attacks by Christian Science I have little reason to complain. They have emphasized a fact which I have wished to make plain, namely, that we have little in common either in belief or in practice. The last criticism of our work by Christian Science which appeared in many papers in different parts of the country must have cost that church a good deal, and I should be willing to contribute according to my means to another such series of articles, provided they came from the same entertaining and lucid writer. The criticism of physicians of sincerity and ability we always welcome, and we try to profit by the advice given us. I wish with all my heart that we might have more really scientific criticism. But when physicians, professing to speak in the name of science, attack a work that is open to inspection without attempting to acquaint themselves with its aims, limitations, or practice, they bring scientific method into contempt, and show how slight a part science plays in

the training of the average medical practitioner. Articles full of malevolence, and breathing only gibes and fury, do not affect us one way or the other, but they do harm to the medical profession by further alienating fair-minded persons from it—a fact which we regret.

There is an old and familiar rhetorical device which should never enter into scientific or philosophical discussion. It consists in creating a bugaboo, in setting up a man of straw with which by vague insinuation and misrepresentation one's opponent is identified. By demolishing this figment of the imagination one assumes that one's opponent is demolished, and one is therefore surprised to find him untouched. This ancient tactic, which is on a par with melting a waxen effigy of one's enemy, has been employed against us again and again, but not by a sincere thinker or by a good writer. I have noted with satisfaction that no radical criticism of our work has proceeded from a man who has studied it at first hand. A great many physicians have come to

Boston either to obtain our help for themselves, for some member of their families, or for the sake of studying our methods, and so far as I am aware they have become our supporters, and many of them have written in our favor. I should like to remind physicians who have not come in contact with our undertaking, and who may be disposed to regard it merely as another invasion of their function and prerogative, that at all events it is not the work of simpletons. Some of the best minds in this country have studied it and have helped to model it. It is therefore improbable that a passionate magazine or newspaper writer who devotes an hour or two to dashing off a few contemptuous paragraphs will bring to light startling or crying evils which years of thought have not revealed to us or our advisers.

The reception of our project by the Church has been far more favorable than I had any right to expect. It is true that we have met with opposition, but, on the whole, with far more acceptance than opposition. Hundreds

of clergymen of all evangelical denominations have visited Boston, have attended our schools, studied our methods, and are reading our statements, not with a view to forming clinics and classes, but to deepen and strengthen their own ministry. When our work first began to attract attention, a general apprehension was felt that many other clergymen, excited by what success we had met with, and without our preparation, would rush into this work, to the injury of the Church and to the detriment of the community. More than three years have passed, and this expectation has not been realized. There are at present about a dozen clergymen in the United States who have announced themselves as willing to treat certain forms of functional disorders by the advice of physicians. With scarce an exception, these are picked men of scientific training and of experience in dealing with men and women.[1]

The opposition we have encountered in the Church has come in every instance from men

[1] Our work is represented in Great Britain by a committee, under the title, "Church and Medical Union."

who have reached a time of life when opinions are crystallized and it is difficult to accept anything that is new. Their real quarrel is not with us or our work, but with the new spirit that is passing over the world of thought, which they are unable to grasp. They stand in the presence of the most remarkable religious awakening that has ever taken place in this country, but they stand helpless either to guide it or to oppose it. They feel the cold breath of a new day, but it comes too late for them. This movement springs from a new motive—the application of psychological principles to the problem of religion. It rests in part on the recognition of powers within the soul of which we were not formerly aware.

To the old-fashioned rationalist and dogmatist this seems the veriest nonsense; worse than nonsense, it looks like palpable fraud. They are disposed toward the psychological movement as their predecessors of a generation ago were disposed toward the critical school. They dread its vagaries, and they will not attempt to distinguish truth from error. They

fear the dangers to which the Church might be exposed should she come into contact with real life; but they do not see that the greatest danger to the Church is the dry rot that is attacking her because of her inability to come into close relations with real life. What is amusing is to hear the very men lifting up their voices "for the Church's sake" who a few years ago, during the period of their intellectual activity, could barely clear themselves of the general charge of heresy. This illustrates the futility of ecclesiastical quarrels. It is the resistance of the old to the new, the opposition of the traditional motive to the practical and rational motives.

Having for many years been regarded with suspicion as a rationalist, it is somewhat droll to me to hear myself now called a fanatic; and I rather enjoy it. But the truth is, the Emmanuel Movement, which is destined within ten years to affect the life of the Church and also the practice of medicine (I put it down plainly, that the depth of my fanaticism may appear), is not the distempered dream of a

man of one idea, nor did it spring from my desire to insinuate myself into a field of action for which by temperament and training I am unfitted. It is the result of bringing to a focus and practically applying some of the most potent spiritual and intellectual tendencies of our time. Otherwise the spread of this idea would have been impossible.

### 3. The Growth of the Work.

When we began this work, our only thought was to give relief to a few distressed persons. We did not dream of the notoriety this undertaking would achieve, and I will frankly say that if anything could have induced me to give up a work to which I believe I was called of God, it would be the painful publicity which from the beginning has attached itself to our undertaking. This, however, has been unavoidable. No one in this country has any protection from the public press. The reason why our effort has attracted so much attention is its importance to human life. We little

knew the depth of human need we were touching when we began this work. The mere fact that disinterested clergymen and physicians were willing to be consulted in regard to the conduct of life, and as to life as a whole, has brought persons to us in such numbers that, although we have a good-sized staff, it is impossible for us to see one person in five for a single conversation. This one fact should cause the Church to reflect. Why should there not be adequate assistance for men and women who desire and need personal, moral, and spiritual help?

### 4. Preparatory Studies.

The two lines of thought from the convergence of which this work sprang are the critical study of the New Testament and the study of physiological psychology. From my teachers of the former science, especially from Renan, Harnack, and Theodor Keim, I learned something of the life of Jesus, the purposes that actuated Him, and the tasks to which He conse-

crated his life. I trust also that from the years devoted to the study of the life of Jesus some rays of His spirit, some feeling for the sorrows of men, entered into me. The second religious experience of my life came through contact with the second religious personality that has blessed this world—Gautama Buddha. In Buddha I found the two supreme virtues which I had found in Christ—absolute trust in the spiritual, and a Saviour's pity for the sorrows of the world. From these two creators I learned the power and the simplicity of spiritual religion.

From Fechner, Wundt, and James, I learned how delicate and powerful an instrument for the improvement of human life modern psychology places in our hands. At the background of all my thinking lies the philosophical doctrine of the essential unity of human nature,—which came to me first through Fechner,—namely, that man is not a mere animal organism, neither is he a mere intelligence served by organs; that body and soul together constitute the integrity of human nature; that

these two are mysteriously but most intimately associated, so that for every event in the one there is an event in the other, and that no good nor evil can come to man which does not affect the whole man, soul and body. From psychology I also came to a fuller recognition of the subconscious elements of the mind, and thence to the corrollary of the possibility of drawing on a higher source of spiritual power than that which men ordinarily employ. I know very well that the doctrine of the subconscious is a mere theory, denied by some respectable psychologists; yet, if we regard it only as a symbol, it stands for experiences of great importance. I learned also from psychology the law of suggestion; namely, that desirable states and conditions, skilfully placed before the mind when the mind is receptive, have a tendency to realize themselves through the mechanism of the nervous system. I learned also from psychology the secret of many moral and religious phenomena which without its interpretations are incomprehensible. Above all, I learned from psychology the advantage of a scientific

method in dealing with myself and with other men. The direct effect of the application of these principles on myself has been the renewal of my spiritual life, a marked increase of endurance and capacity to work, and a new and unspeakable joy in my ministry. In fact, I may humbly say that with this work my life began again.

### 5. The Beginning of the Movement.

When many thoughts and emotions are working in a man's mind it often happens that an unexpected event will cause a precipitation and clarification of the seething mass. In the summer of 1905, Dr. Joseph H. Pratt of the Massachusetts General Hospital laid before me a very clever scheme for the treatment of poor consumptives in the tenements of Boston by the class method, which was first employed at Emmanuel Church. Dr. Pratt was desirous of putting this plan into operation, but he was deterred by lack of funds. He estimated that the care of twenty-five consumptives would cost

about fifteen hundred dollars a year, and he asked me if I would make the church responsible for this sum, and if I would supply him with friendly visitors. This I gladly promised, and the Emmanuel Church Tuberculosis Class began its beneficent mission. The celebrity of our second and larger undertaking has somewhat obscured the merited fame of the tuberculosis class, and has given rise to many misapprehensions in regard to it. A good many persons, feeling themselves called on to write of matters of which they know next to nothing, have cited the tuberculosis class as a proof of our ignorance and temerity, and have asserted that we are creating a menace to public health by treating tuberculosis by suggestion. Such was not the opinion of the last International Congress on Tuberculosis, which presented us with a gold medal. It is not pleasant to be wantonly misrepresented, yet I remember that Balaam was not above taking advice from his ass, and I have tried to keep my temper. As a matter of fact, the tuberculosis class has no connection with our class

for the treatment of nervous disorders. Its organization and methods are quite distinct, and it antedates the other class by more than a year. Personally, I have had little or nothing to do with the administration of the tuberculosis class, which has been altogether in the hands of Dr. Pratt. Yet its phenomenal success showed me that the physician and clergyman can work together with excellent results.

Inasmuch as the principles we are advocating are only the principles of the Christian religion, they are for all. The same truths which can console the broken-hearted, raise the fallen, and bring peace to the troubled mind, can uphold the virtuous and sustain the strong. Nevertheless, in seeking to apply the regenerating truths of Christ to human life, I turned first to those who seemed to need them most—the sick in mind and body and the victims of evil habit. I had not then learned that the Church is for the strong, the well, and the normal, but not for the weak, the sick, and the abnormal, or that a minister's chief duty is to take care of his own health, to spend most of

his time in his study, and "to come before his congregation on Sunday morning clothed in majesty and thunder." It is perhaps unfortunate that our conception of the Christian ministry should have become so exclusively associated in the public mind with the treatment of disease. But a glance at any year-book of Emmanuel parish will reveal the fact that we have other ideals and other interests. Of the two hundred and twenty-four pages of our last book, twenty are devoted to our efforts for the sick, including the tuberculosis class and the hospital we maintained in Chelsea after the fire, while two hundred and two pages describe our work for the well and the normal. Nevertheless, I cannot acquiesce in this conception of the function of the Church, so far as the Church is to be regarded as representing the religion of Jesus Christ, because as a student of the New Testament I know better. Jesus expressed his sense of his mission plainly when he said: "They that are whole have no need of the physician, but they that are sick: I came not to call the righteous, but the sinners

to repentance." Any lingering doubt on this subject is dispelled by His repeated injunctions to the disciples and by His own manner of living. Not many human lives present fewer points of resemblance to the life of the Son of Man than those of ministers who spend the week in retirement, in solitary meditation, in the preparation of oratorical and philosophic discourses. Any intelligent student of the New Testament will recognize the justice of this statement.

### 6. The Sphere of the Work.

It is now generally known that we have confined our attention to disorders which are termed nervous or functional. It is true we have undertaken the care of a certain number of patients suffering from true organic disease, but this has been invariably at the request of well-known medical men who were treating the aforesaid patients at the same time, and who requested our help, not with the expectation of altering the organic conditions, but

with the hope that we might be able to improve the mental and moral disposition of the sufferers, and so to facilitate the physical treatment. I shall not argue in defense of this prudent limitation of our work, the wisdom of which will be recognized by every one acquainted with diseases and their cures. Neither shall I discuss the question whether the so-called functional disorders may not rest on an organic basis as yet undetermined. We did not create this distinction, we found it, and it is recognized at least as a convenient expression by almost all physicians. As a theory, however, it is nothing to us. All that it is necessary for us to know is that a certain group of disorders is usually amenable to mental and moral treatment, while other forms of disease are not amenable to this form of treatment alone. By limiting our effort to a field in which it is known to be useful, we have benefited a large number of persons and we have done a minimum of harm. Of all the persons who have received our care, as far as I am aware, not one has died, and not one, while

under our influence, has committed suicide. We have thus avoided the one valid objection which has ever been brought against psychotherapy, namely, its employment in conditions which obviously require physical interference. Several Christian Science practitioners, known to me, have adopted both our rules—of treating patients only by the advice and with the diagnosis of a physician, and of accepting only functional cases. If Mrs. Eddy should ever be called to her reward, I should not be surprised to see both these rules accepted by Christian Scientists generally. They would cure just as many cases as they are curing to-day, and they would save themselves and their patients some terrible experiences.[1]

### 7. The Use of Hypnosis.

A great deal has been said and written on our employment of hypnosis as a therapeutic

[1] See Dr. Richard C. Cabot's *"One Hundred Christian Science Cures,"* "McClure's Magazine," August, 1908; and also the very telling chapter entitled *"Opposing Testimonies in Faith and Works of Christian Science,"* by the author of *"Confessio Medici,"* Macmillan's, 1909.

agency. I have never let myself be frightened by these alarmists into a disavowal of the value of hypnosis nor into a promise to discontinue its practice. At the same time, the question whether we have ever employed hypnosis is a question of definition. The medium we have found useful for one form of suggestion at most should be defined as a mere hypnoidal state; that is, a condition of mental abstraction in which the mind of the patient is passive and receptive, but in which there is no loss of consciousness. That there is anything injurious to the most delicate person in listening to good advice gently communicated while the mind is at peace I frankly do not believe. The weakening of the will, the invasion or enfeeblement of personality, which writers who have never practiced this art affirm so confidently, is also a mere fiction of the imagination. In no single instance have I witnessed such a thing, but in scores of instances have I seen the opposite, namely the strengthening of the will to resist evil, the overcoming of vicious and degrading habits which had held their victims bound for

years, the beginning of a new and better life. The cases which we have treated in this manner are mostly of alcoholism and other drug addictions, of sexual perversions, fixed ideas, and phobias. I have consulted a good many able neurologists who treat habit cases, and I find that most of them employ about the same methods as we, except that they make little use of the purely religious motive. Yet suggestion in any form is only one of a number of agencies which we have found useful. I am disposed to attach quite as much importance to rest,—or to rest alternating with work,—to useful and interesting occupation, to explanation, to direct moral appeal, and, above all, to religious faith and to prayer.

### 8. Our Relation to the Medical Profession.

It has also been said that although we employ physicians to make diagnoses, the treatment is given without medical supervision and control. During the first two years of our

work, certain neurologists held free weekly clinics at the church, and they were in complete control of the situation. If they considered that the patient required medical treatment either at their own hands or from other medical or surgical specialists, they gave the treatment or made the necessary recommendation. If in their opinion all the patient required was the moral, educational, or suggestive treatment which we are prepared to give, the patient was referred to us, with a full family and personal history, a detailed psychical analysis when this was necessary, and specific directions as to the form of mental treatment indicated. This plan also included the reference of the patient back to the physician from time to time for observation and re-examination. About the first of February, 1909, for reasons which seemed good to us and to our board of medical advisers (Dr. Joel E. Goldthwait, Dr. Richard C. Cabot, Dr. James G. Mumford, and Dr. Joseph H. Pratt), we decided to discontinue the church clinic altogether. Our present plan is to refer every patient to a

general practitioner who is selected by the patient from the internists of the Boston hospitals. This physician makes a thorough physical examination, and he assumes the responsibility of advising the patient as to further treatment. If he believes the patient will be benefited by our care, he refers the patient to us, giving the patient also any other advice or treatment which he deems wise. If he informs us that in his judgment our treatment is not likely to benefit the patient, that ends the matter as far as we are concerned.

The only exception to this rule is in the case of patients sent to us direct by their own physicians, with the request that they be treated by us without further medical examination. I need not say that we are not looking for patients. Between the middle of October, 1908, and the end of April, 1909, I received through the mail alone nearly five thousand applications for treatment. From this group we selected about one hundred and twenty-five persons. In fact, I may say that, on account of the tremendous pressure brought to bear upon

me, I shall in the future undertake the routine treatment of very few patients. I am compelled, and I am more than willing, to turn over the regular treatment of our patients to physicians versed in the treatment of nervous disorders, as I feel that I can spend my time more profitably in discussing the moral and religious problems which are constantly presented to me, and which I cannot so easily refer to another.

### 9. Raison d'Être of the Movement.

This brings me to a question which is fundamental to our whole undertaking, namely, why do we feel ourselves called upon to engage in it at all? As to this I beg the reader to believe that we have considered this question with the utmost seriousness, and that we were not unmindful of the command of Jesus to survey the foundations and to count resources before attempting to build. I thought about this work for ten years before beginning it, and during those years I think I may say that I

read the best that has been written on the subject of psychotherapy in English, French, and German, with the exception of Feuchtersleben's "Diätetik der Seele." In some way this inimitable work escaped me, and I have become familiar with it only during the last year. It contains the principles of our whole project, and expresses many phases of our thought better than we are able to express it.

I knew that as a university scholar, as a churchman, and as the rector of a very important parish, this work would cost me much. I foresaw that my motives would be misunderstood, that I should be associated in the popular mind with a group of persons with whom I have no real affinity and but little sympathy. I anticipated that for a time at least this work would arouse the animosity of a large part of the medical profession, and awaken the suspicion of many of my brothers in the ministry. Hence I deterred taking action from year to year, partly to see if my convictions would not alter, partly with the hope that another and a better man would be raised up by God to do a

work the ideal and hope of which seems to me second to none which has been attempted since the Protestant Reformation. As the years passed, however, my convictions became clearer and the responsibility heavier. As a student of religion, I could not help seeing, what so many devout and learned men feel to-day, that some of the power and spiritual uplift of Christ's religion—namely, its practical hold on the life of the individual—has been lost by the Church.

I found from contact with hundreds of men and women that a vast multitude of suffering and infirm persons is aware of this loss, and that what these persons desire more than anything else is moral and spiritual help. The rise of the great, and for the most part irrational, healing cults of America ought to open the eyes of the blind to this fact. The majority of persons who have associated themselves with these movements have done so not because they are insane, as their opponents so naïvely imagine, or because they are in love with a crude and obscure metaphysical system, which few of

them seek to comprehend, but because they desired a kind of help which they were not receiving from their physicians, nor yet from their churches. I asked myself, Is this necessary? Is there any reason why this infection should spread? If there is help in religion and in ethical ideals, why should such sufferers quench their thirst in these shallow and stagnant pools, and not rather drink of the living waters from the hand of Christ and the prophets and the other true teachers of mankind? If psychology has taught us to apply calming and helpful thoughts with precision to the human mind, why should we not thankfully and honestly make use of this valuable aid?

After the long accumulation of medical wisdom through the ages, especially after the brilliant and wonderful development of medicine during the last century, how absurd and how sad it is that so many educated Americans should lose all faith in medicine and never speak of it save to deride it! Lastly, experience with men and women taught me that they

need not only ideal aid and medical care, but help in the ordinary exigencies of their daily lives; that they require to be reminded frequently of their good resolutions; and that the friend who follows them to their homes and who stands ready to help when help is needed is often the most valuable helper of all. So I found place for the social worker. In other words, my thought was to combine the special knowledge and aptitudes of the physician, the psychologist, the clergyman, and the trained social worker in an unselfish effort to improve the conditions of human life.

Imperfectly as this ideal has been realized, it has already accomplished far more than I dared anticipate; but of this I will not speak. The part I reserved to myself and to other clergymen in this work is the office of moral and spiritual adviser, and this alone—an office for which we are fitted by long training and experience. The overwhelming response that has been made to our invitation shows how great is the desire of the people to receive the kind of help we are able to offer. Physicians

who look upon this undertaking as in any sense an invasion of their province and function are very much deceived. It is the first practical and successful effort to stem the tide which is sweeping thousands and tens of thousands from the medical profession and from the Church.

### 10. The Minister and the Physician.

About two years ago I stated my view of the "Outlook of the Church" in the chapter which bears this title in "Religion and Medicine." Two years more of thought, and of work which has brought me into contact with hundreds of clergymen of all denominations, have only deepened these convictions. I am aware that these opinions are extremely obnoxious to two classes of persons—to those who hate and despise the Church and who wish to see her sink into "innocuous desuetude," and to those who are so wedded to traditionalism and so disinclined to change as to look with dread on every new undertaking. Yet it is

evident that the Church as a dominating power in the ordered forces of civilization is rapidly losing ground, and that if the clergymen of the Church continue the old routine for another generation, they will leave behind them less faith than they found. On the one side is the Church, with its wealth, its traditions of helpfulness, its kind-hearted, educated ministry, and on the other the soul-hunger and body-hunger, the sin, the sorrow, the loneliness, the longing for God and deliverance, of the thronging multitude without the gate. What keeps these two apart? Why are they not brought into closer and more helpful fellowship? Largely the lack of scientific method on the part of the Church. The Church has the disposition to help. The needs of humanity and the sense of her own impotence rest heavily upon her heart. He who denies this is a falsifier and a slanderer of a holy institution. But because the Church has largely lost the secret of Jesus's life and his incomparable method, she does not know what to do.

To illustrate my meaning, let me cite one

of the finest pieces of work carried on at the present time on our Western Continent—Dr. Grenfell's work in Labrador. Seven times I have sailed in my little fishing schooner along the coasts of Labrador and Newfoundland, and I know what Dr. Grenfell has done there. I love that glorious Northern country. I love it for its noble scenery, for its free salmon rivers, its caribou barrens, and for its invigorating climate. But it saddens me to go there because I am helpless to relieve the miserable conditions of life which I often encounter. It is true I can do something for the people. I can hold an occasional service. I can carry a little condensed milk and a few cans of fruit and some lime juice to break the scrofula-breeding diet of tea, bread, salt pork, and fish. But with Dr. Grenfell it is different. He goes among his people as a man of God, and the spiritual life of thirty thousand persons centers in him. *But he knows what to do.* In addition to his services and his sermons, he has his medical and surgical skill, his hospitals, his little steamship, his medical assistants, his

trained nurses, his social helpers. Here is a man whose service the Church would do well to lay to heart, since in proportion to his opportunity, and within the limitations of one human life, he is accomplishing more than is any portion of the Church with which I am acquainted. Dr. Grenfell unites in himself in the happiest way the functions of the priest and the physician, the man of science and the man of God. (He is really a physician, but I have never heard a clergyman abuse him because he likes to preach.) In the more complex social conditions in which we live such a combination is impossible; but is there any reason why earnest and disinterested members of these two sacred callings should not unite to render mankind a similar service—a service, if we wish to speak the truth, which neither is able to render alone? That is the straight question I ask once more of the two professions which I love and honor more than all others. I know from hard experience that there are many difficulties in the way, that much prejudice is to be overcome on both sides, many

adjustments are to be made, and that much training, especially on the part of the clergy, will be necessary before a healthy, working alliance can be effected; but I know also that this is the goal toward which we are swiftly advancing, and that the Church has no more reason to desire it than has medicine.

## 11. Results.

We have been at work a little more than three years, and we have accomplished something. Several thousand persons have been treated with some degree of success at Emmanuel Church and in other churches. Beyond this small group, several million persons in this country and in other countries have come into contact with our work by reading what has been written about it, and if we may believe the letters which constantly pour into the church, some of these, too, have received benefits, which appear sometimes in the form of improved health and greater strength, sometimes in the form of improved habits and a new spiritual life. Al-

ready the reward is out of all proportion to the seed sown. Yet we are only at the beginning, and should we be permitted to labor on in peace and quietness for ten years longer, we shall see the in-gathering of a mighty harvest. Whether this enthusiasm continues until it sets a world in motion, or whether it dies away like other dreams, devoid of creative energy, depends upon the wisdom with which the movement is guided. If it falls into bad hands, it will soon be discredited. If it remains in our hands, it will die with us, or before us, a mere flash in the pan, "all going up in smoke," as Professor James remarked of the effigy of the burning bush which adorns our pamphlets. As I look at the situation,—and I presume no one has thought of it more carefully,—what we now need is a solid center, a nucleus of growth, an institution where the sick may be treated and the student may be taught in one place and at the same time.[1]

[1] It is a curious and interesting fact that since these words were written an institution exactly corresponding to my description has begun operation in San Francisco, under the

The peculiar art of ministering to the sick which bears the unfortunate name of psychotherapy cannot be acquired by reading or by listening to didactic lectures. Neither can it be learned, except in an empirical, hit-or-miss fashion, from mere contact with the sick without scientific instruction. To train men as they ought to be trained, we need an institute which shall include a small and beautiful psychopathic hospital and a school of sound learning. Here physicians, clergymen, psychologists, medical and theological students, and a select group of social workers could receive the instruction and the experience necessary to qualify them in their several capacities to do the work. With the establishment of such an institution I should feel that our movement was safe, and that I had accomplished as much as a man has a right to expect. Nor would the cost be overwhelming, as such things

general direction of Bishop Nichols of California, supported by several of the leading physicians of that city. This makes me rather jealous, and I hope to see a similar work started in the East, preferably in Boston. I ought to add that Bishop Nichols conceived this plan independently.

go. Since such a hospital could be made self-supporting, and since I can count on the co-operation of the men best able to take charge of it, it would require only an original outlay of two hundred and fifty thousand or three hundred thousand dollars. This, however, is an ideal of the future for which the time has not yet come.

### 12. A Vision of the Future.

Lastly, our work is a sign of the times. It is the first rational and practical application of the psychological method to the problem of religion. But the application of the methods of psychology to the problems of human life is what is characteristic and new in the age in which we are living. It is like the election of a new Pope or like a change of trumps at cards. Values suddenly change with it. This means a new emphasis on the practical motive of religion, which is its strongest motive. Trees will be judged, as Jesus judged them, by the amount and quality of their fruits. Churches will be honored and supported in proportion to their services to human life.

Philosophy will become pragmatical and spiritual. Men will be called from self-seeking and self-aggrandizement to the service of the common good. And since the common good can be attained only by the combination and co-operation of all the forces working to attain it, there will be combination, there will be co-operation and friendship between the lovers and servants of man, instead of individualism, distrust, and a scattering of the forces which make for righteousness. Dr. Grenfell has shown, Dr. Cabot has shown, and we have shown, what can be done by combination and co-operation, whether the combination exist in one's self or the co-operation take place through the united efforts of like-minded friends who possess varied qualifications and talents. The next step will be a freer co-operation, a larger combination, the spiritual conference of the future,—an enlargement of Mr. Rockefeller's excellent idea,—a place where all the organized forces which work for the uplift of society may meet, where plans which look to the betterment of man may be discussed from every point of

view, where useful projects may find generous supporters, where the good may help the good, and religion and science may enter into an alliance which is real because it is fruitful. This I hope to display in the form of a graphic chart in our next year-book.

### 13. Alleged Dangers.

As for the dangers of the Emmanuel Movement, there is danger in everything that moves; there is also danger in lying still. For my part, while God gives me the ability, I prefer to move and I like to see others also in motion. I am gratified to know that the work we have undertaken was anticipated and accurately described a hundred and fifty years ago by the great John Wesley, the founder of Methodism.

"Reflecting to-day on the case of a poor woman who had continual pain in her stomach, I could not but remark the inexcusable negligence of most physicians in cases of this nature. They prescribe drug upon drug, without knowing a jot of the matter concerning the root of

the disorder. And without knowing this, they cannot cure, though they can murder, the patient. Whence came this woman's pain? (which she would never have told, had she never been questioned about it)—from fretting for the death of her son. And what availed medicines, while that fretting continued? Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind; and in those cases, which are utterly out of their sphere, call in the assistance of a minister; as ministers, when they find the mind disordered by the body, call in the assistance of a physician? But why are these cases out of their sphere? Because they know not God. It follows, no man can be a thorough physician without being an experienced Christian."—"Wesley's Journal," May 12, 1759.

# PART II

# PART II

## 14. Every Minister a Physician of the Soul.

Every minister of religion practices psychotherapy, whether he will or no. It is significant that, for centuries, the clerical office has borne the official title of "Cure of Souls." The only question is: what kind of soul-cure the minister practices? Is it based on an adequate theory of human nature and its needs and inspired by some degree of scientific insight, or is it governed by merely traditional and superficial notions which ignore the researches of modern science into the soul and its relations to the body? In offering our ideas to the Church we are not asking ministers to take up some branch of work not included in the scope of their calling, but we are asking them to reflect upon a possible development of their work demanded by the conditions of life to-day. Before undertaking

this enterprise our experience in the ministry had revealed to us the immense number of sad, dispirited, unsettled men and women who haunt our churches, wistfully looking for the help which they seldom receive. Our sympathy for these persons was strong, but in default of a sound method our ability to relieve them was slight. Observation taught us that what the majority of these sufferers instinctively crave is moral and spiritual aid; but we perceived that the kind of spiritual advice and treatment ordinarily dispensed by the Church through its ministers is too unscientific and inexact to be counted on to remove doubts, to calm disturbed minds, to procure sleep, to overthrow degrading habits such as alcoholism or morphinism, to dispel fixed ideas and obsessive fears, and the whole terrible brood of chimeras which render the lives of these persons intolerable. The question then arises, Why should a clergyman concern himself with such persons at all, and not rather leave them absolutely to the care of physicians? The answer is two-fold:—The great majority of physicians to-day make no

attempt to deal with maladies which involve moral and spiritual factors. And, on the other hand, the minister of Christ cannot avoid, even if he would, the responsibility thrust upon him. People are constantly coming to him because he is a minister and representative of religion, and because they think, rightly or wrongly, that if only they could get moral and religious help their troubles would be dissipated. The real question is whether the minister shall do this work effectively and scientifically, and thus indefinitely enrich his ministry, or whether he shall do as the Church at present is so largely doing—deal with the most serious problems of human life in a superficial and half-hearted manner, with the result that the cleavage between the churches and the masses is growing day by day.

### 15. The Emmanuel Movement and Christian Science Contrasted.

Of course, an obvious explanation of our movement is to suppose that it rests

fundamentally on the same basis as Christian Science and is, therefore, scarcely worthy of rational discussion. Now, I propose to show that the two movements, so far from having a common motive, stand opposed at almost every point.[1]

In the first place, Christian Science, in common with the other irrational healing cults of our time, has openly and clearly broken with academic medicine; whereas the Emmanuel Movement is the first effort to stem the tide of disfavor and distrust with which a large section of American society regards the science of medicine. The Emmanuel Movement could not maintain itself a single day without the co-operation and support of the medical profession. In the second place, Christian Science is a distinct cult or system, with a revelation, a sacred book, a theology, a form of worship, a therapeutic procedure all its own: the Em-

[1] It is a pleasure to acknowledge the candour of Dr. Stephen Paget, the well-known English physician, who sees the emptiness of this criticism and marks with approval the difference in underlying idea. See *"Faith and Works of Christian Science,"* pp. 188, 189.

manuel movement claims to have no new revelation, no sacred book, no therapeutic procedure except such as is common to all scientific workers, no worship peculiar to itself, no theology except the theology of the New Testament as modern critical scholarship has disclosed it. In the third place, Christian Science makes no distinction between the cases with which it undertakes to deal: the Emmanuel Movement, on the other hand, makes a very rigid distinction between functional and organic cases, and sets aside the latter for medical, physiological, or surgical treatment, though even in these it recognizes the influence of mental and spiritual processes as at least helpful in character. In the fourth place, while Christian Science is professedly a healing cult, and its teachers take the place and assume the function of students of medicine, those who are responsible for the Emmanuel effort do not practice medicine, and indeed would regard such a claim as the product of folly and ignorance. Is there, then, anything in common between the two movements? Yes,—one thing, and one thing only

—both attempt to apply an idealistic belief to the problems of life. The moment, however, we inquire into the nature of the idealistic belief and into the way in which it is applied in practice it is obvious that this common standpoint must be understood only in a very general sense. There are two kinds of idealism and two resultant types of optimism: the one is crude and vague, the other is critical and coherent; the one willfully shuts its eyes to inconvenient facts, the other seeks to explain all the facts, or, at least, to leave fewer unexplained than is possible to any other doctrine.

### 16. Our Aim and Method.

The meaning and aim of our work may be expressed in a single sentence. *It is to bring into effective co-operation the physician, the psychologically trained clergyman, and the trained social worker in the alleviation and arrest of certain disorders of the nervous system which are now generally regarded as involving*

*some weakness or defect of character or more or less complete mental dissociation.*

It will be observed that, in view of our real aim and method, much of the criticism directed against us is irrelevant and futile, consisting of an earnest and laborious beating of the air. For example, one critic gravely informs his readers that "the leaders of the Emmanuel Movement, whose special training has been to prepare them for other work, are willing and anxious to undertake the cure of disease for which the skilled physician has specially prepared himself and to which he has perhaps devoted a lifetime of serious effort."[1] No form of words could express more accurately the reverse of our real aims and motives. What we contend for is not the assumption by the minister of the rôle of medical doctor—an utterly unwarrantable procedure—but the collaboration between them both in such cases as involve moral or spiritual problems. Who, except a fanatic, would suggest the dangerous and indeed impossible interchange of functions

[1] *Hibbert Journal,* Jan., 1909, p. 300.

of minister and doctor? The physician's activity and co-operation is such an essential presupposition of all our work that without his activity and co-operation the work would cease. We ourselves are not doctors of medicine, do not claim and have never claimed to practice medicine or to undertake the cure of disease, for which the skilled physician alone is competent. We are, however, teachers of religion; and we believe that religion is a reality, that it has ideas and emotions which can release psychic forces strong enough to create a unified state of mind in which inhibitions, weaknesses, disharmonies incline to disappear, with consequent beneficial reaction on the physical organism. We confine ourselves, therefore, strictly to the religious and psychological side of the problem. It is difficult to see how we could have conducted our work on more conservative lines, or what greater deference we could have shown to scientific medical authority than we have shown. We have associated ourselves from the beginning with able and conservative medical men and as time has

passed the association has become closer. We deal with no ailing person until his case has been passed upon and diagnosed by a good medical authority; and while our treatment on the ethical and religious side is going on, the physician in charge of the case administers contemporaneously whatever medical remedies he may see fit to prescribe. Two of the rules governing our work are:—1. No person shall be received for treatment unless with the approval of and having been thoroughly examined by his family physician, whose report of the examination shall be filed with the church clinic records. 2. All patients who are not under the care of a physician must choose one and put themselves in his care before they can receive treatment at Emmanuel Church.[1]

Thus there is no interchange of rôles between the physician and the minister. Each is on his own ground. The physician concerns himself with a careful diagnosis based on a searching physical and neurological examination, the prescribing of diet, medicine, a physiological

[1] See Appendix A.

regime, etc.; while the minister fulfills in relation to the individual that office of spiritual and ethical instruction which ordinarily he exercises in relation to a collection of individuals from the pulpit, and of course the better psychologist he is, the better fitted he will be to discharge his functions.

The next point to be emphasized is that we confine our efforts to the so-called "functional" disorders, because we believe that this is the legitimate sphere of our work. It is a curious perversity of thought which leads to the charge that in making the distinction between functional and organic we are guilty of inconsistency as compared with the various irrational healing cults around us, for which no such distinction exists;[1] but if we are inconsistent here, our guilt must be shared with all the leading authorities in medical science. We know as well as others that it is not always possible to draw a fixed line of demarcation between a functional disorder and an organic

[1] *Hibbert Journal*, Jan., 1909, p. 311.

disease; but in practice a good diagnostician is seldom at a loss to detect the latter, and in doubtful cases we have excellent facilities of consultation not only with some of the ablest neurologists in this country, but also with other eminent specialists in the various branches of medicine and surgery.

Hence there is no attempt here to unify the functions of the priest and the medicine man. Rather what we have is a new form of specialization, the employment of special knowledge and experience for a special task. It is because our training as religious teachers fits us for this task that we are trying to accomplish it. If nervous sufferers, victims of alcohol and other drugs, the unhappy, the sorrowful, would-be suicides, and other children of melancholy felt that religion meant nothing to them, there would be no place for work like ours, and the motive for undertaking it would be wanting.

### 17. The Theological Objection.

It is here that we are met with two objections:—

The doctrinaire theologian, that is, the man who is a theologian in the narrower sense and nothing more, objects to the therapeutic use of Christianity on the ground that such use is a degradation of the lofty purposes which this religion was designed to subserve. The idea seems to be that Christianity is the revelation of transcendental truths intended to illumine the reason and inspire the conscience of men and women in a state of normal health, mental and physical. To suppose that it has any message to the abnormal, the neuropath, the hysteric, the alcoholic, for whom the first and necessary prerequisite to redemption is restoration to their proper personalities, is to drag it down from its high place and make it minister to petty and evanescent needs. No! the sick are concerned first and foremost with the doctor of medicine, even though the sickness is primarily psychic or moral in character,

and only in a secondary way physical. When the physician has finished his work, the minister may then be called in to do his. All this argues, it seems to us, a wrong conception of the Christian faith and its mission to the world, and it is a conception which especially tempts the liberal theologian. Possessed as he is with a passion for truth, he is prone to rest content with the esthetic and intellectual satisfaction which the search for truth supplies. His religious idealism works well when the wheels of life go smoothly and mind and nerve are at their best; but it turns thin and threatens to vanish away when forced to face the depression, the melancholy, the disintegration of mental and physical energies, the pathological weakening of the will, incident to many maladies of the soul. We contend, on the other hand, that the Christian religion is never more in its element, never shines with a greater glory, than when it is seen entering the dark places of our experience to cast out the demons of fear, worry, passion, despair, remorse, overstrained grief, and disgust of life, and to make

soul and body a fit temple for the Holy Spirit. The weakness of theological liberalism to-day is its intellectualism, its aloofness from the practical needs, the crying sorrows of our time, its lack of that primitive quality on which Jesus laid so much emphasis—faith, faith which is a spiritual dynamic strong enough to remove mountains. The type of man the Church sorely needs to-day is marked by Viscount Morley when he sums up the character of Oliver Cromwell by saying that he was "a practical mystic." Keenly conscious of the realities of the invisible world, at home in the realm of thought concerning the sublime mysteries of God, the soul, the meaning of our existence here, the true theologian sees in the visible everyday order the arena in which his faith is to achieve its real victories and stand forth a concrete and palpable power, able to measure itself with the forces of evil and misery which make of human life a hell. Such a man is irresistible, because he is a man of faith.

### 18. The Psychological Objection.

The other objection is psychological, and contends that religion has nothing to do with psychotherapy. "Religion," we are told, "has to do with ethics, with conduct and motive, with the emphasis of the best impulses that are within us; and with these things therapeutics cannot pretend to deal." Now, to begin with, this is a painfully inadequate account of religion. Religion may begin with ethics, but it cannot end there; and to identify the religious and ethical movements in experience simply obscures the issue and does not tend to clear thinking. Ethics is concerned with the finite: religion reaches out to the infinite, sweeps a larger circle, commands other and deeper emotions. Religion has indeed to do with ethics, with conduct and motive, but it has to do with them in the sense that in its onward way it comprehends them. Man as ethical is a member of a social organism, proper adjustment of himself to which is his duty: man as

religious is a member of a grander universe, a child of God, whose faith is that God loves him, is interested in him and in his fortunes here on this planet as well as beyond the grave.[1] Note, then, that religion has emotional elements. Are not love, faith, hope, peace, repentance, the deepest feelings within the compass of our experience? Are they not definite psychic states, and as such must they not have definite nervous and physiological consequences or concomitants? Perhaps the most striking illustrations of the power of mind over body are supplied by the activity of the emotions. *How* the emotions produce physical effects we cannot tell; that they do produce them is a matter of everyday experience. We know, however, that the instrument by which the effects come about is the nervous system, or rather, the most highly developed part of the nervous system, viz., the brain. Let the human brain suffer gross deterioration, as in profound dementia, and all trace of the higher

[1] "Prove to me," said a nervous sufferer once, "that God loves me, and I will leave this place a well man."

emotions will vanish. The man will have no feeling either of love or hate, of fear or anger. His life will resemble that of a vegetable. But when the brain is not too seriously injured we find that the emotions play a very important rôle in life. They can quicken the pulse, affect the circulation of blood, retard or promote the secretion of the glands, cause serious disturbances of the processes of digestion and elimination, and, finally and most wonderful of all, even work changes in the electrical resistance of the body. In the psychical region, it is the emotions that make or mar our world. The emotion of fear disintegrates, disharmonizes the inner life, while its opposite—faith—unifies, literally "makes whole." The joyful, confident mood is the mood of health. Freedom from undue anxiety, a confident attitude towards God and the universe, a peaceful and cheerful temper, enable mind and body to function aright. Whatever produces these mental states may be said to be curative in character. Thus it turns out that we can deny therapeutic power to religion only by first

of all eliminating from religion some of its essential elements. But from the standpoint of therapeutics, the *ideal* contents of the Christian religion are as significant as the emotional forces it generates. The idea of God as the Friend and Companion of the soul, whose love, in spite of all that seems to contradict it, is the deepest fact in the universe; the idea of forgiveness, the possibility, that is to say, of a man breaking with his past, of reconstructing his character on a new moral and intellectual basis; the idea of redemption, in which a Divine power enters the soul and frees it from all that enslaves and degrades; the idea of our spiritual existence as a dying in order to live, as a losing of our own petty self in order to find a larger self in the life of the family or of the community or of the world; the idea of a future life in which energies that have here been cramped and hindered, and spiritual potencies that have here been crushed by blind circumstance, will come there to perfect fruitage—all these great conceptions have intrinsically the power to remove morbidity, dissipate

despair, uplift the soul, and direct the energies of the individual into channels of health and freedom. It is sad to reflect that there are thousands cursed by an over-scrupulous conscience born of a narrow and one-sided religious training. To these persons, religion instead of being a consolation amid the sorrows and disillusionments of life, becomes a fresh source of worry and unrest, and the soul is lost in the mazes of its own morbid imaginings. All around us are men and women enslaved by secret fears: fear of disease, fear of poverty, fear of being alone, fear of old age, fear of life, fear of death, fear of anything or everything in this world and in the world beyond.

As a typical illustration of many a tortured spirit, I quote the following words from a letter written to me:

"The one thing I want to get is faith, faith in a wise, loving Father; faith that weak, sinful human beings are not to be tortured eternally; and oh, I long to believe and hope, and that

the final outcome of all is good. . . . My faith was completely overpowered by my horror of my own weakness and wrongdoing, my horror of what I see around me, of life as I know it. I see multitudes who know nothing higher than animal indulgence and whom I am powerless to help. . . . All seems a mockery to me, and myself a living lie."

Now the remedy for all these morbidities, springing out of a wrong conception of religion and a one-sided view of human life, is re-education and sound, healthy religious ideas and sentiments. Fear, which in primitive times played such a great part in religion, has no place in the teaching of the founder of Christianity. In Him and in His religion perfect love to God and to man has cast out fear. One other great religion is the absolute negation of worry and fear—the religion of Buddha. Buddhism and Christianity, however, reach the goal by very different routes, for Buddhism says: "worry is an inevitable accompaniment of life. In order to get rid of

it you must destroy the desire to live and thus reach Nirvana," which means absolute quiescence; the end of worry because the end of life. Christianity, on the contrary, says: "The great need is not less but more life; not less but more power; not less but more spiritual vitality." "I came," says Christ, "that they may have life and have it abundantly." [1]

Worry and fear may be transcended through the influx of a mightier emotion—trust in the Eternal and in His purpose of good for every soul.

Hence it is our aim to substitute for false or inadequate ideas of God and of His relations to men a conception of His real character as Christ reveals it, until the sufferer feels as if God were a new being, the very embodiment and guarantee of all his better aspirations and ideal longings.

It may be said, is not this also the work of the preacher; and what is there here to call for special emphasis? The answer is: the difference is not in the truth taught, but in the

[1] John x, 10. (R. V.).

method by which it is applied. A sermon may and should appeal to the normal and self-controlled, but it passes by like an idle wind those in whom there is an insufficient psychological tension, with consequent loss of the power of attention. What the nervously disordered need is individual treatment based on insight into their misery. Their arguments and reasonings, their doubts and apprehensions, their vacillations and impracticalities must be met not with general formulas, but with ideas and truths adapted to their particular needs, and driven home with patience, tact and sympathy. Is not this method simply a return to that of Christ, who not only spoke to the multitudes, but found time to deal with the sorrows and problems of individual souls?

### 19. The Work-Cure.

The curse of neurasthenia and allied nervous weaknesses is their egotistic and anti-social character. The neurasthenic is afraid of his own shadow, worries himself to death over

trifles, magnifies real troubles out of all proportion to their intrinsic significance, is self-centered, looks at everything from the point of view of its bearing upon his petty fortunes. The psychasthenic is immersed in his own organic sensations, his nerve-wasting emotions, his psychical disturbances, his fears and obsessions, the spectres conjured up by his ill-balanced mind. The hypochondriac concentrates his thought upon his viscera, has his finger forever upon his pulse and turns his eating and drinking into an inquisitorial agony.

In all these and allied nervous troubles we note the growth of a degeneration of character in which altruistic feelings and social aptitudes die out. On this egoistic soil rank weeds flourish apace—undue self-esteem, ultra-sensitiveness, abnormal self-consciousness, jealousy, unreasonable dislike of others and excessive claims upon the world with a consequent feeling of martyrdom when these claims are not satisfied—all these and many another dark growth poison the soul and frustrate the divine purpose of its existence. One sover-

eign remedy for these diseased states is work and more especially work which goes beyond the worker and is directed to an end greater than himself. Nerve specialists to-day almost without exception proclaim the value of work as a regulator of the psychic functions, an invigorator of the will, a creator of the feeling of duty, a power which sweeps the sufferer into the great channels of healthy social life. The curse of neuroticism is its egotism. The blessing of work is that it restores the sufferer to his true place in the social organism, brings him into contact with other people who are working and with a purpose which reaches beyond his own narrow and bounded sky. Work restores to the sufferer the function of the real. It is only through contact with reality that man, normal or abnormal, can vanquish phantasmal dreads, the besetting fancies of an uncontrolled imagination and the unhealthy impulses of a weakened will.

Carlyle's Gospel of Work is as applicable to abnormal as to normal man. "It has been

written," he says, "an endless significance lies in Work; a man perfects himself by working. Foul jungles are cleared away; fair seed fields arise instead and stately cities; and withal, the man himself first ceases to be a jungle and foul unwholesome desert thereby. Consider how even in the meanest sorts of Labor, the whole soul of a man is composed into a kind of real harmony the instant he sets himself to work! Doubt, Desire, Sorrow, Remorse, Indignation, Despair itself, all these like hell-dogs lie beleaguering the soul of the poor day-worker as of every man; but he bends himself with free valor against his task and all these are stilled, all these shrink murmuring far off into their caves. The man is now a man. The blessed glow of Labor in him, is it not as purifying fire, wherein all poison is burnt up, and of sour smoke itself is made bright blessed flame!" [1]

Most nervous sufferers break down not as is generally supposed from over-working, but from working in the wrong way, wasting

[1] See *Past and Present,* Book III., chap. 11.

power by worry and mental disquiet. A bent axle, a leaky oil tank, brings internal friction between the wheel and axle, and the machine goes to pieces or breaks down not from overuse, but from wrong use. So the person who is working with the drain of constant worry, with the sting of remorse, with the distraction of unmastered desires, is torn asunder, and so is used up by a volume of work which if done without waste and friction would refresh instead of tire him. To find what is wrong in the way an individual works, and to show him a better way is itself a very valuable factor in psychotherapy. It is sometimes necessary to devise daily programmes of work, so that for a time the patient's weak will may have the artificial support of an external authority, and so that his nervous energy may be directed into given channels instead of frittering itself away in trying to choose something to do. In order that opportunities for work may be supplied those who for the time being are unable to discharge the tasks of their business or profession, a Social Service Bureau

has been opened in connection with our movement and is in charge of a trained social worker.[1]

The rationale of work in its application to the nervous is to be found in the fact that the great majority of nervous persons suffer from a fatigue which is mainly, though perhaps not wholly, psychical. This distinction between psychical and physical fatigue is very important. Those who are physically fatigued are benefited by periods of complete repose and by the withdrawal of every form of stimulation. But in the case of those of whom we are here thinking, what is tired is not the body, but the mind. Actions which ought to be mechanical are, because of the undue attention paid to them, changed into psychical actions which affect the centers of sensation in the brain and give rise to feelings of lassitude and tension. These people become morbid, self-centered, egotistical; and these feelings, in turn, react on the physical condition, inducing fatigue and general debility. In other

[1] See Appendix C.

words, the neurasthenic is suffering from a "habit fatigue." He expects to be fatigued after even a slight exertion, and therefore regards the intended exertion with apprehension and depression, and the sense of fatigue is the result. Further, through morbid self-suggestion he exaggerates his condition and imagines that after a little stronger effort than usual some evil or injury will follow. Hence, he succumbs to the first onset of fatigue instead of pushing through to find a new level of energy.

On the distinction between physical and psychical fatigue Professor Oppenheim's words are well worth quoting: "As the healthy person walks along his mind is not occupied with the process. Like some machine once set going, the movement continues without requiring that the mind should supervise or take part in it. The will, indeed, does not merely give the first impulse; it may at any time alter the measure or modify and interrupt the mechanism of the gait, but the act of walking is in itself so mechanical that the mind

may be occupied at the same time with the deepest problems, and obstacles or dangers may be avoided quite unconsciously. But it is very different with a person who, in this respect, follows the act of walking with attention and anxious self-control. For him every step is an undertaking in which both his muscles and his mind are involved, and thus the conditions for the onset of uncomfortable sensations are brought about. The mechanical process is now transformed into a psychic one (or a psycho-physical one), which throws its waves of excitation into the sensory centres of the brain and thus causes the ever distressing discomforts of pain from fatigue, stiffness, tension, vibrations, etc., and these sensations are always calculated to cause more and more disturbance and inhibition in the mechanism of walking, so that real stiffness and inco-ordination of the muscular functions generally develop." [1]

Therefore, the nervous sufferer is encouraged to work; but it is equally true that,

[1] "*Psychotherapeutic Letters*," p. 20.

in these conditions, the work must be modified by rest and by relaxation. If he only works and does not interrupt his work by frequent periods of rest his morbid condition is likely to be deepened. On the other hand, if he gives himself solely up to rest on the ground that he is tired, he is likely to remain tired and to be afflicted with a profound distaste for work.

### 20. Return to Nature.

While all this is true, it is not to be forgotten that there are some conditions of profound exhaustion as, for example, in the manic depressive type of insanity when complete rest is indicated. We have all heard of the wonders which Dr. Weir Mitchell, "the master of those who know" in things psycho-therapeutic, has wrought by the principle of rest, isolation and nourishment. But that there are other psychic factors at work we may well believe when we remember that this method of treatment has broken down in the hands of men less competent than its great originator. Still it is true that there are states of fatigue, partly

physical and partly mental, where a moderate period of rest is of the greatest value. And when rest is combined with a return to nature, as is possible in vacations and holidays, we have an ideal therapeutic combination. A friend who has passed through times of profound fatigue, physical and mental, tells me that, by going into the woods, living entirely out of doors, sitting and lying on the ground in the silence and the calm of unbroken solitude, he has, after a short period, felt the returning tide of energy and has been enabled soon to resume his normal work. To lie passive beneath the influence of nature is to feel as though a cool refreshing hand were laid on the hot and fevered brow. It is perhaps no exaggeration to say that there is no disease of nervous exhaustion which nature cannot cure. With deep insight into this truth George Meredith describes how the terrible turmoil of Richard Feverel's soul was quieted and "the nerves of his face made iron" amid the thunder and lightning and wrack of a tempest.[1]

[1] *Ordeal of Richard Feverel,* chap. XLIII.

## 21. Healing Power of Prayer.

The vital breath of religion, as we know, is prayer. "Prayer is religion in act," says Sabatier, "that is, prayer is real religion. It is a vital act by which the entire mind seeks to save itself by clinging to the principle from which it draws its life." [1] Nothing is more significant than the changed attitude of men in general and especially of scientific men on this subject. Time was when Tyndall could make his famous challenge to set apart two wards in a hospital, the patients in the one ward to be prayed for, and the patients in the other to be left to the prayerless ministrations of doctor and nurse alone. Such a challenge would be impossible to-day. Now, psychologists and medical men are agreed that prayers for the sick, especially if the sick know that they are being prayed for, may contribute to restoration of health, and should be encouraged as a therapeutic measure. The psychologist explains the efficacy of prayer by the principle

[1] *Outlines of a Philosophy of Religion* (Eng. Trans.), p. 27.

of suggestion, which works inhibitory changes in the central nervous system. In doing this he is within his rights, because he is considering the matter simply as a psychologist; but nobody will contend that this explanation explains in the sense of giving an ultimate ground or rationale of prayer. That is not the business of science. It is, however, the business of religion, which is concerned, not with brain processes and the apparatus of physiological psychology, but with spiritual realities. Man as a scientist belongs to time and space; man as religious lives in an eternal world and finds his deepest life rooted and grounded there. In other words, the scientific explanation is necessarily based on an abstraction; the religious explanation which is concerned with the value of prayer for the higher life and ideals of man, goes beyond the scientific and seeks to relate prayer in some way to the ultimate realities of the universe. These two modes of viewing the problem need not conflict. They move in different worlds and minister to different needs. Professor James has

remarked that "relatively few medical men and scientific men can pray (Coleridge had made this remark before him). "Few can carry on any living commerce with 'God,' yet many of us are well aware of how much freer and abler our lives would be were such important forms of energizing not sealed up by the critical atmosphere in which we have been reared."[1]

Prayer is thus valuable from our present point of view because it is the mode or method by which pent-up energies may be released to innervate afresh the whole man. Or—to change the figure—we may say that in prayer the suffering spirit would escape from its misery and helplessness, from its narrow and bounded self, by reaching out to an ideal self; and this ideal self it finds in God, who is at once absolute Goodness, Love and Beauty. The thought that God knows our pain, and that in some mysterious way he shares it and is overcoming it, is itself a source of strength and consolation. "Thou didst know that I

[1] *The Energies of Man.* (Religion and Medicine Series No. 3), p. 34.

was suffering," prays Augustine, "and no man knew. Thou findest pleasure in us and so regardest each of us as though thou hadst him alone to care for." [1]

The question is often formulated thus:—Has prayer only a subjective value, or does it effect something objective? Is it simply and solely a transaction beginning and ending within ourselves, or do we, in praying, transcend these limits and mingle with the Divine? This way of considering the problem seems superficial and artificial. For it rests on an unreal antithesis between the human and the Divine. Man does not stand over against God in self-enclosed independence; rather is he so organically related to Him that his whole being, psychical and physical, is saturated with Divine energy, and apart from it must faint and fail. Prayer is the recognition of this inviolable organic bond. It is the filial relation blossoming into consciousness of itself.

To conceive man, then, as a self-contained

[1] Quoted by A. L. Strong *Psychology of Prayer*, p. 69.

individual, and his relation to God as external, is to think of things not as they are in reality, but as the visualizing imagination makes them to appear. Even supposing we are shut up to the hypothesis that the spiritual effect of prayer is wrought through the sub-conscious reaction of our own minds, the question arises:— How is it that the mind is so constituted that through prayer there is a real increase of strength and grace? And if each mind is thus a reservoir of spiritual energy, from what wellhead are these waters drawn and perpetually sustained? Clearly, the more the question is pondered, the more are we driven to conclude that prayer brings us into touch with the ultimate source of all energy, so that the mind, and through the mind the body, are actually and really affected thereby. This demand of logic is corroborated by the experience of men in all ages who have prayed, and whose unanimous testimony is that in praying, they have been conscious of being in communion with higher, mightier and holier Powers than their own finite individualities.

But the nervous patient requires to be taught how to pray. The faculty by which we hold communion with God is itself complicated in a given nervous disorder. Hence the recurring complaint of these sufferers that though they are Christians their Christianity seems to bring them no help; that though they pray their prayers are never answered. As Francis Thompson puts it:[1] "Prayer is the very sword of the saints, but prayer grows tarnished save the brain be healthful, nor can the brain be long healthful in an unhealthy body." Now there is a form of prayer known as passive prayer, and it is the form which best meets the need of many nervous sufferers. In order to exercise it mind and body must be relaxed. There should not be in the mind the thought of any definite, concrete boon, but rather a calm yielding of one's self to the power and presence of God. The only desire that the sufferer should have is that of surrender, of absolute passivity, so that spiritual force and blessing may enter in and take pos-

[1] *Health and Holiness,* p. 16.

session of the soul. Some persons will at once condemn this teaching, on the ground of its mystical character; but to offer a man religion without mysticism would be like offering him a stone when he asks for bread.

### 22. Appeal to the Nerve-Specialists.

But let us turn from abstract discussion and make appeal to some of the great students of the nervous system in health and disease. "We can reckon," says Möbius, "the downfall of religion as one of the causes of mental and nervous disease. Religion is essentially a comforter. It builds for the man who stands amid the misery and evil of the world another and fairer world. Besides his daily life full of care, it enables him to lead a second and a purer life. The consciousness of being within the hand of Providence, the confident hope of future righteousness and redemption, is a support to the believer in his work, his care, and his need, for which unbelief has no compensation. . . . If we consider the effect

of irreligion as increasing our helplessness to resist the storms of life and as favoring dissipation and crime, its relation to nervousness cannot be doubted; for if chronic moral disturbances contribute to nervousness, these conditions must be regarded as causes." [1]

"Religious faith," writes Dubois of Berne, "would be the best preventive against the maladies of the soul and the most powerful means of curing them, if it had sufficient life to create true Christian stoicism in its followers. In this state of mind, which is, alas! so rare in the thinking world, man becomes invulnerable. Feeling himself upheld by his God, he fears neither sickness nor death. He may succumb under the attacks of physical disease, but morally he remains unshaken in the midst of his sufferings and is inaccessible to the cowardly emotions of nervous people."

And again: "Those to whom the nature of their minds still permits a childlike faith will find strength in their religious convictions

[1] *Nervosität,* pp. 85 *seq.*

in proportion as they are living and sincere. It is dangerous to go through life without either religion or philosophy."[1]

"It must be clear," says Professor J. R. Angell of the University of Chicago, "that if we make any approach to restoration from diseased conditions by mental means, we shall be the more successful the more powerfully we can appeal to the mind and the emotions. Now among all the feelings to which we can appeal, few if any are so strong as those which we call religious. . . . From the hygienic side, therefore, there is a tremendous advantage to be gained from the religious appeal wherever it can be used." [2]

Dr. T. S. Clouston of Edinburgh, the well-known expert in mental diseases, writes:

"All normal religion is a highly emotional stimulus. It is a means of education in many ways; it is the only pure ideal that half the world has access to. . . . It stimulates benevolent and altruistic feelings and practi-

[1] *Psychic Treatment of Nervous Disorders,* English trans., pp. 210, 460, 461.

[2] *Psychotherapy,* vol. i., No. 1, pp. 67, 68.

cal efforts above all other human instrumentalities. It fights gross vice and immorality. It reaches the poorer intellects as much or even more than the highly cultivated. The faith which in its essence has 'removed mountains' and 'turned the world upside down' will take no refusal and see no obstacle that it cannot surmount. It seizes on the higher part of man and condemns, perhaps unduly, his lower part. It giveth life to multitudes who were mere animals before it came into their life. It rouses hopes that never die. It affords examples to lure men on to better lives. It and art are the only great spiritual forces. It feeds imagination and may stiffen self-control. If all this be true, then to treat of the hygiene of mind, without including a consideration of the religious instinct and its effects would be to omit one of its most powerful factors." [1]

It is unnecessary to multiply quotations. Speaking generally, the more philosophical the physician is, the more inclined he is to give

[1] *The Hygiene of Mind,* pp. 190–191.

religion a prominent place in the treatment of psycho-physical disorders.

### 23. Christ a Physician as Well as a Preacher.

Finally, we must look at the life and activity of Jesus Christ if we would understand the capacities and aptitudes of the religion which He created, and the fact is too obvious to be denied that He appeared both as teacher and physician. His work as a teacher has received large recognition in the Church, especially since the Reformation. His ministry as a physician has been, since the fourth century, ignored or explained away by believers as strictly supernatural, and therefore having only allegorical meaning for us, and denied as fictitious or mythical by unbelievers. It is high time that Christian thinkers should face the problem raised by the healing ministry of Christ, and should ask themselves, Has it any meaning for His followers to-day? That Jesus Himself attached great significance to His healing

activity is clearly reflected in the Gospels. When, for example, John the Baptist sends to ask, "Art thou the coming One, or are we to wait for another?" Jesus answers: "Go, report to John what ye hear and see: blind men see and lame men walk, lepers are cleansed and deaf men hear, and dead men are raised, and poor men are told good news." [1] This saying proves that in Christ's view the coming of the kingdom of God showed itself in part at least by the conquest of pain and misery and disease. He asks that His ministry which founds the kingdom should be judged by its saving, healing, redeeming quality. It is not that He emphasizes His healing deeds as signs of supernatural power, but that He points to them as the tokens of boundless love and pity. As Harnack remarks, "By vanquishing and banishing misery, need, and disease, by the actual influence which Jesus was exerting, John was to see that a new day had dawned." [2] The saying of Jesus receives point and illustration

[1] Matt. xi, 5; Luke vii, 22.
[2] *What is Christianity?* p. 65.

when we call to mind that, of the eleven wonders or miracles recorded in the triple tradition, no less than nine are acts of healing. The changed attitude to-day of thoughtful men to these stories is very significant. Writers like Strauss rejected them partly on the ground of their assumed miraculous character, partly because of a preconceived theory (no longer accepted) as regards the formation of the Gospel tradition. To-day the substance of the Synoptic tradition is regarded by almost every Biblical scholar as historical. The stories of Christ's healing ministry are so interwoven with the text of the narrative, so implied in His admittedly authentic words, so necessary in order to account for the profound impression which Jesus produced upon His own and succeeding generations, so psychologically probable in themselves, that only a wild and eccentric type of criticism ventures to reject them. "Medical science," says Matthew Arnold, "has never gauged—never perhaps enough set itself to gauge—the intimate connection between moral fault and disease. To

what extent, or in how many cases, what is called *illness* is due to moral springs having been used amiss, whether by being overused, or by not being used sufficiently, we hardly at all know, and we too little inquire. Certainly it is due to this very much more than we commonly think, and the more it is due to this, the more do moral therapeutics rise in possibility and importance. The bringer of light and happiness, the calmer and pacifier, or invigorator and stimulator, is one of the chiefest of doctors. Such a doctor was Jesus." [1]

Accepting as in essential matters correct the narratives of Christ's healing work common to the first three gospels, let us ask what, in a general way, we may learn of the Lord's idea of disease, and what about His treatment of it.

First of all, it is worth noting that He does not deny the reality of the diseased condition; for Him, disease is not the figment of "mortal mind." He does not confound sickness and sin, and refer both to a false belief. "Disease," says Harnack, "He calls disease, and

[1] *Literature and Dogma,* chap. V.

health He calls health. To Him all evil and misery is something terrible; it is part of the great realm of Satan; but He feels the power of the savior within Him, He knows that progress is possible only by overcoming weakness and healing disease." [1] He raises no speculative questions as to the origin of sickness; He appears to regard sin and suffering not always as cause and effect, but rather as two elements in the kingdom of evil, to overthrow which He has come into the world. His aim throughout is practical. He stands over against the abounding miseries of His time; but His delight in life and in God is so great that He never feels overwhelmed by His surroundings; He knows Himself armed with boundless faith in His Heavenly Father, and He knows that in answer to faith His Father stands ready to give to all men forgiveness of sins, love, joy, peace, and the self-control that is the secret of health. On the other hand, He is no magician, no sorcerer; His procedure is marked by the simple dignity which despises

[1] *"What is Christianity?"* p. 65.

jugglery and charlatanism. It is a part of His imperishable greatness that His motive in working healing deeds of mercy was to help the sufferer, not to please a miracle-loving people, nor to gain popularity for Himself. Hence, whenever the crowd demanded a miracle, He rebuked it; but whenever the sick of body or of mind sought his aid, it was His joy to render it.

Still further, His healing acts required the forthputting of power; they were not wrought by a sort of omnipotent wave of the hand. "This kind," He says, "can come forth by nothing save by prayer." [1] He feels within and around Him the infinite Spirit who is the source of all healing and strengthening and uplifting influences in the universe, and He knows that prayer is the agency by which channels are opened for the free outflow of these divine energies. Yet this consciousness does not bar out the ordinary precautions of prudence and wise reflection. Nothing is more striking in the procedures of Christ than the

[1] Mark ix, 29 (R. V.),

sanity which marks them and which lifts them above the methods of the conventional Faith Healer or Prayer Healer. For example, He does not undertake to cure a disorder without making some inquiry into the nature of it. In the instance of the epileptic boy, at the foot of the Mount of Transfiguration, He asks the father: "How long time is it since this has come unto him?" [1] He must have inquired concerning the paralytic whom He healed at Capernaum, for He first lifts from the sufferer's conscience the burden of guilt.[2]

If it is asked, "What is the great instrument of His healing activity?"—the answer is, His own personality. Occasionally He does not disdain the use of physical agencies. On one occasion He touched with his saliva the tongue of a man who had an impediment in his speech.[3] The same agency He used in connection with the cure of the blind man at Bethsaida; [4] but as a rule, He looks with compassion upon the sufferer, speaks to him, takes

[1] Mark ix, 21 (R. V.),
[2] Mark ii, 5 (R. V.).
[3] Mark vii, 33.
[4] Mark viii, 23.

him by the hand, lays His hand upon him,—that is all. Everything is simple, direct, personal. The psychic energy of His personality was so great that He was able to move powerfully the forces of the inner life, which, in turn, reacted upon the physical state. We know to-day that in a vast variety of semi-nervous, semi-moral disorders, a great therapeutic power is the influence of a sound, magnetic, healthy personality. How will touches will, how one soul can quicken into fresh life another soul, we cannot tell; but experience and observation show these things to be facts. But again it must be noted that the influence of His personality does not work magically, or without regard to law, for it demands, as the psychological medium for its healing power, faith on the part of the sufferer, or of his friends, or of both. Very significant is the saying of St. Mark that in Nazareth "he could there do no mighty work save that he laid his hands upon a few sick folk, and healed them. And he marveled because of their unbelief." [1]

[1] Mark vi, 5, 6.

The profound truth of this observation is confirmed by modern medical science. We know that the faith of the patient, whatever the nature of the disease may be, is one of the most powerful allies the physician can count upon; and the reason is because faith is not a mere abstract, intellectual assent, but carries in it the feeling of trust, confidence, expectation,—which, absorbing the whole mind, contributes to the right functioning of the psycho-physical organism. In many instances it does not matter what the object of the faith may be; it is not the object, but the faith, that heals. Of course, this principle has its limitations. When we enter the purely spiritual region, the world of the soul, with its hopes and fears, its divided aims and contradictory desires, its yearning for redemption from servitude to the commonplace life around us, the famous words of Augustine remain true,—"O, Lord, thou hast made us for thyself, and our hearts are restless till they find rest in thee." It is this faith that brings unity to the divided self. The worry, the unrest, the anxiety, are at an

end; conflicting inclinations are replaced by one mastering impulse.

The result of our examination, cursory though it has been, is to prove that the weapons which Christ used against physical and moral disorder are, in a measure, open to every Christian. Here, as elsewhere, He shows Himself to be a true Son of Man. His inspiring motives and special qualities are imitable. His belief in God and in the latent power of the human soul, His boundless hope, His sane outlook upon life, His quiet steadiness amid an overstrained and neurotic society,—all these are human qualities, and he who has them exercises a healing and uplifting influence wherever he goes. If it be said that Christ achieved deeds of healing which appear impossible through the powers of Christian faith and service to-day, the answer is that this is no more a reason why we should not do as much as we can to help others than His moral perfection is a reason why we should weaken our efforts to be as like Him as we can.[1]

[1] For a fuller discussion of our Lord's healing activity, see "*Religion and Medicine*," chap. XIX.

### 24. Christ as a Physician—Our Example.

But it is argued that our Lord's healing activity formed no part of His permanent message to humanity. If this could be proved, then it must be confessed the leading motive of our work would disappear. But no such proof is offered, and we must therefore take leave to question the soundness of the idea. One may surely say that if it were true, Christ made a sad mistake in devoting so much of His time, where time was so precious, in lifting from the souls and bodies of men the burden of disease; and one may also say that the evangelical writers were singularly misguided in giving so much space to the records of Christ's healing activity. And still further, the Apostolic and ante-Nicene Church must have hopelessly misunderstood Him; for if there is one fact that stands firm, it is that this Church healed the minds and bodies of men; that, as Harnack has shown,[1] one of the great causes of the spread of Christianity in the Græco-

[1] *The Expansion of Christianity,* vol. I, pp. 101–146 (Eng. Trans.)

Roman world was its power to vanquish all sorts of moral and nervous disorders. It is indeed a notable fact that many of the greatest figures in Christian history, such as St. Paul, Cyprian, Origen, Athanasius, Augustine, Francis of Assisi, Luther, Swedenborg, George Fox, and John Wesley, have found in the power of the Christian religion to dissipate the moral and nervous maladies of mankind a convincing proof of the continued life and presence of Christ in the world. No doubt the rise and progress of medical science, which is itself the fruit of the inspiring spirit of God, has created new conditions. To ignore or despise the work of students of medicine is to be guilty of folly and presumption; but why should there be any opposition between the function of the physician to the soul and that of the physician to the body? On the contrary, if the fundamental dogma of modern psychology—the unity of mind and body, a dogma which receives striking illustration by the researches of the physiologist, the anatomist, and the pathologist—is taken seriously,

we may expect the best results from a co-operation between sound religion and medical skill. We do not plead for a return to the mere accidents of the early Christian age. The new conditions under which we live will modify the form of our activity. In our view, the discoveries of medical science are as much a revelation of the Divine order as the Ten Commandments or the Sermon on the Mount, and these discoveries must be utilized for God's kingdom. But we do plead for a return to the spirit of Christ; and where this spirit is, there will be the enthusiasm of humanity poured forth.

As to the practical question, whether in actual experience to-day the Christian religion can give moral and religious help to the suffering, it is obvious that the only way to prove or to disprove such a theory is to try it on a sufficiently large and varied group of persons, to keep careful records, and to abide by the result. Physicians, no matter how famous, who have made no use of the moral and religious motive are not in a position to deny its efficacy; and if they were truly scientific, they would not

do so. Now, it is this plan of experiment, observation, and record that is being embodied in the Emmanuel work.

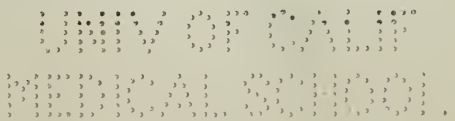
### 25. The Newer Psychology—Power of the Subconscious.

Turning for a moment to the psychological ideas underlying our work, we believe with nearly all modern students of psychology that there is a subconscious element in mind and that this element enters into every mental process. Our daily life is influenced far more than the shrewdest of us suspect by the subconscious activity which is at work, exercising a selective power even in apparently accidental choices. Hence, the real causes of our acts are often hidden from us. For example, the motive which determines us to take one or other of two courses, equally suitable for achieving our purpose, is often concealed in the subconscious realm; and if we were asked to state why we choose the one course rather than the other, we would almost infallibly give

the wrong reasons. In our loves and hates, our instincts and impulses, in sleep and in dreams, in our controlling ideas which seem to carry us at times whither we would not, the subconscious plays a dominating rôle. It is the subconscious that rules in the mental and moral region where habit has the seat of its strength. If we can in some way reach this mental factor so as to enlist its powers in the interest of health, it is obvious that we have made a great step forward in the restoration of nervous balance and self-control. It is to the process of thus affecting the subconscious as also phenomena of a purely unconscious and automatic kind that the term "suggestion" is applied. As to how the subconscious activity works, and as to how it is related to the physiological apparatus of brain and central nervous system, let us confess at once that we know nothing. All we know are simply external, empirical facts. We know that a few words spoken by another can unlock pent-up energies, remove mental and moral inhibitions,

unify dissociated states of consciousness; but as to how these things are done, we must say *ignoramus,* and perhaps also *ignorabimus.*

Now the Emmanuel work does not depend upon any theory, whether physiological or psychological, of the subconscious. We accept the psychological theory of the subconscious because (1) it best accounts for the phenomena of abnormal mental life; (2) it is in accordance (as the physiological theory is not) with the most widely accepted view of the relation between body and mind, that of parallelism. No "dispositions in the brain-cells" can cause psychical effects. We, therefore, range ourselves on the side of such writers as Wundt, Fechner, Paulsen, Janet, Forel, Dessoir, Freud, Prince, Sidis, and James. But on any theory the facts remain. Such theories are merely pious opinions, which may be taken for what they are worth. The fact of the subconscious, however, and its proved significance in the physical, mental and moral life can hardly be disputed.



### 26. Psycho-Analytic Method.

On the reality of this fact is based a very remarkable psycho-therapeutic method which we owe to the genius of Professor Freud of Vienna. It has received the technical name of "Psycho-analysis." In some graver functional nervous disorders, such as hysteria or the obsessions, it requires for its successful application the most delicate psychological skill; but its fundamental idea is easily intelligible. We now know that many nervous troubles arise from the suppression by the sufferer of some emotional experience or of some desire condemned by his reason and conscience. This experience or desire sinks, if one may so say, from the conscious to the subconscious region. Thus a conflict or disharmony is set up between the main stream of conscious personal life and this submerged or subconscious mental state. There is a lack of unity in the inner life because this suppressed thought or emotion or wish is not at one with the personality as a whole. It, therefore, has

much the same irritating and festering effect on the mental organism as a splinter of wood has on the living flesh. When a subject tries to put a painful experience out of mind, what he really does, is to put it "in mind."

A kind of automatic activity over which the will has no control is a distinguishing feature of the subconscious state, and in many cases the sufferer himself has forgotten the original circumstances in which the experience took its rise. Now, by psycho-analysis—to use a crude analogy—the skilled psychologist sinks a shaft into the subconscious region and taps it of its mischievous elements. Or, to put it otherwise, he lays bare to the patient's view the concealed cause of his suffering and thereby deprives this cause of its power to do harm. Sometimes this can be done by careful and sympathetic cross-examination. We all know the beneficial influence of a heart to heart talk with a wise and trusty friend. The suppressed emotions find here an outlet and we feel better. It is this idea which lies at the basis of the psycho-analytic method. If, however, the suf-

ferer cannot voluntarily recollect the events which gave rise to the morbid process, then recourse must be had to various special devices which we owe to the ingenuity of modern scientific investigators. The cure is effected by unifying the disturbing factor with the mental organism. The world very properly pays a debt of honor to such men as Pasteur and Koch, whose bacteriological researches have been the glory of the last century. It does not, however, realize what it owes to the students of abnormal psychology, who through their newer methods are able to penetrate into all the bewildering ramifications of a troubled and tortured spirit.

### 27. Our Main Weapon—Re-education of the Conscious Powers.

But after all it is the conscious factors in the mental life that we best know. It is on these that the main emphasis is laid. We believe, for example, in explanation, in convincing the

reason of the sufferer, in showing him how the trouble arose and how it may be removed, in arousing within him fresh interest, in soothing and calming his mind by infusion of hope and faith, in leading him to a more satisfactory moral or intellectual outlook. In a word, we believe that conscious and subconscious are both essential to the integrity of the personal life. Great as is the power of the subconscious, greater still, we believe, are the powers of reason, emotion, and will. Hence, one of the principal remedies for the nervous maladies of which we are speaking is psychic, moral, and religious re-education. Just as an athlete can train particular groups of muscles to do his bidding, so we can exercise particular groups of thoughts until they dominate the mind, and this domination leads of necessity to the elimination of other groups of thoughts which we regard as undesirable. In neurasthenia, hypochondria, hysteria, psychasthenia, and other morbid and abnormal conditions, both conscious and subconscious are involved, and the

method which affects both elements in mind would appear to be the most rational and practically the most effective.

### 28. Methods of Self-Help.

On the other hand, we are not ignorant that the danger attending all efforts to help the sick or the morbid is that of fostering a spirit of dependence and blind obedience. The aim of everyone who would help others, whether as minister, or teacher, or physician, must be to bring about self-direction, to enable the miserable or the immature to get a hold on themselves and to become their own legislators. Not to create spiritual weaklings, but robust, self-governing and efficient personalities, is the aim of our efforts. Many nervous people think that their salvation must come from the outside. Now it is some great specialist, again it is a particular kind of bath, yet again it is some special form of electricity, that is to be the saving power;—if only they can give themselves up passively to those agencies, all

will be well. With such persons, it is one of our methods to insist that the cure, if cure there is to be, must come from within; that it is an achievement of their own will, the product of their own character. We give hints and suggest methods by which they can push their way through this and that obstruction to the goal of nervous health. We believe with Feuchtersleben that "When a man strives with all his power for a certain object, he will attain it. For desire is only an expression of that which is conformable to our being. To him who knocks it shall be opened. We find daily examples of adventurers who have striven for wealth or fame, and gained them. Why should it be otherwise with health?" [1] One of these methods consists in teaching the nervous sufferer how *to train the will.* One may say that the absence or presence of will-power makes all the difference between him who loses and him who wins the game of life, between the real man and the human simulacrum. We are real only as we will. Whatever weakens

[1] *The Dietetics of The Soul,* passage LXXII.

the will saps the substance of personality, and, therefore, the foundations of happiness and health. A rather constant complaint of nervous sufferers is that they have no will-power; that they cannot make a decision; or that, if by any chance they do make a decision, they feel themselves incapable of carrying it into effect, —they are embarrassed, they chop and change about. How is this lost will-power to be restored? Only by willing; just as the lost power to think is regained by thinking. But how is one to will who feels he cannot will? Well, we know that there is a very close connection between will and muscular tone, so that any graduated physical exercise, regularly and systematically pursued, will suffice as an instrument of will-training. The reason is that all voluntary movements imply the power of attention; and the power of attention is of the essence of the will. Hence, the nervous patient is encouraged to take up, under trained direction, the elements, at least, of physical culture. Such simple movements as are implied in the right way to stand, or sit, or lie, or

walk, are not neglected. They have their reflex influence on the mental state. In order to give this training, we have associated with us a skilled teacher. Often the re-education of the voice, which reflects so easily the nervous state, has been productive of good results. The sufferer is encouraged to practice these exercises at home.

### 29. Unity of Mind and Body.

Another psychological doctrine which commands our adherence is that of the interdependence of mind and nervous system. This is such an accepted commonplace that any elaboration of it here is quite unnecessary; yet it is a commonplace that is only gradually coming to its own. Here, again, we must distinguish between the fact and theories explanatory of the fact. The fact may be expressed by saying that for every phenomenon in the sphere of consciousness there is a corresponding phenomenon in the nervous system; and *vice versa,* for every change in the nervous organism there

is a corresponding echo in the mental realm. Nay, more—the activity of consciousness and the activity of the nervous system are parallel and proportional.

It would seem hardly necessary to labor the point that the body influences the mind; but in the reaction against materialism, which the present age is witnessing, and in the consequent reawakening of interest in things psychical, we are in danger of winding ourselves too high

"For mortal man beneath the sky."

The doctrine of some of the quasi-theosophical sects that "mortal body and material man are delusions," and that therefore "food neither strengthens nor weakens the body," is an extreme expression of the current over-strained idealism, without a single shred of evidence to support it in science or in common sense. Many people talk as if the mind were an independent entity, resident within the body and ruling it with magisterial power. The truth is far otherwise. We know that the soul is

in many ways at the mercy of physical processes; brain and the manifestations of mind grow and decline together. "The facts irresistibly suggest the analogy of a delicate machine like a watch, which runs for a time and then has to be wound, and which occasionally gets out of order. So the necessity for food and sleep, the uses of stimulants and narcotics, the occasional need of holidays and vacations, though we commonly shift all responsibility for them upon the brain, yet represent limitations of the mind which ought to be taken up into our conception of it." [1]

But it is with the other half of the truth that we are just now concerned. Our thoughts concerning our bodies are not dead, inert things; they are living forces that tend to find expression in corresponding physical states. This is not a speculation; it is a fact established by abundant observation and experiment. *Psychical processes are accompanied or followed by physical movements.* These movements are not merely, or only, movements of

[1] *Why the Mind Has a Body,* C. A. Strong, p. 31, 32.

the voluntary muscles; they may be small and imperceptible changes in the circulation of the blood, the secretion of the glands, the activity of digestion and elimination. In the present state of our knowledge we cannot say what the limitations of the power of the mind over body may be, though to deny their existence would be to deny the veriest commonplaces of experience.

Now, so far as a mental or moral therapeutic is concerned, it matters not one jot what theory of the relation between brain and consciousness you accept, whether that of causality or that of parallelism, or whether you are so daunted by the difficulties of either view that you proclaim yourself a psychological agnostic. On any view possible to educated men to-day, the fact remains that human nature is a unity; that between the physical and the psychical there are connections of the subtlest and profoundest order; that on the one hand, the spiritual life is conditioned by and dependent on the body; and on the other hand, that all mental states are followed by bodily changes,

whether the mental state in question be an emotion, a desire, a sensation, or an idea. Hence, it follows that in all disease there is a mental factor, and in some diseases (the so-called "functional") this factor is of predominating significance. For these disorders caused by or associated with such psychic states as overstrained grief, remorse, worry, fear, despair of the future, etc., the science of medicine knows no definite remedy, chemical or physical. It is the man himself that is diseased. What we have is a disorder not of this or that function or organ, but of the man's personality. What he needs is above all reconstruction of character; and if ethics and religion are powerless to reconstruct character, then the majority of thoughtful men in all ages have been laboring under a lamentable delusion. The more one considers the matter, the more is he convinced that the therapeutic significance of religion can be denied only on a theory which is, in spite of the theorist's protests, essentially materialistic.

### 30. The Unused Resources of the Soul.

Another valuable principle which we owe to recent psychological research is that of subconscious or *reserve energy*. In normal life we know that people use only a small fragment of the mental and nervous energy possible to them. This arises from the presence of various inhibitions, checks, hindrances. We cannot do the thing we would. The stimuli of our ordinary environment, the dull routine of our daily work, fail to evoke the slumbering possibilities of mind and body. But let some catastrophe break through convention, let some call of duty or affection sound in our sluggish ears, and in a moment the mask is thrown off, inward energies awake, and we seem to ourselves and to others to be transformed, as, in self-forgetting devotion, we take up burdens and share others' griefs, and brave even death itself. To translate such an experience into the language of the psychologist:—what happens is that, owing to an emotional stimulus, the clogging

"inhibition" has been removed, the "threshold" has been lowered, and thereby the store of dormant energy made accessible to us.

Now, in many nervous disorders, the "inhibition" is unusually great; the "threshold" is abnormally high; hence arise indecision, embarrassment, extreme doubt, morbid self-consciousness, incapacity to meet the commonest duties, a feeling as if between the sufferer and his desires there stood a great mountain. Yet within him there is sleeping psychic energy, if only it could be aroused. It is there, in the form of potential energy, awaiting the magic touch that shall transform it into actual energy. This touch may be given in one case by this, in another case by that agency. Suggestion, self-suggestion, prayer, work, the love of some one dear to us, contact with a commanding personality, the enthusiasm provoked by some great human cause, political, social, or religious —these are the forces by which the reserve energies are released, and the sufferer lifted to new and permanent levels of life and power.

### 31. The Weakness of Materialism.

Amid much that is admirable in modern scientific psychotherapy, one is conscious of its weakness in failing to recognize sufficiently the power of idealistic ideas in a cure of nervous troubles. The majority of scientifically trained experts in nervous disorders, such as Dubois, are determinists in philosophy, and therefore work at a disadvantage. They have, as Professor Putnam has remarked, "a personal suspiciousness, intensified by a class suspiciousness, of all modes of approaching the truth that cannot readily be controlled by accurate experiment." In the denial of the freedom of the will, scientific psychotherapy sacrifices a weapon of the greatest and most rational value as against nervous disorders. It is here, then, that the scientifically trained student of religion and ethics has an advantage over the majority of scientifically trained physicians. All the interests of the student of religion are bound up with the assertion and vindication of freedom in regarding the pa-

tient as a spontaneous and responsible agent, as a being capable not only of moral courage and of extraordinary outbursts of energy, but of reconstructing his life on a new moral and intellectual basis. An idealistic conception of man can achieve wonders where a materialistic monism spells only failure. The Emmanuel plan seeks to reinforce the resources of ordinary psychotherapy by the inspiration of ethical and religious motives.

### 32. Ethical Aim and Motive of Our Work.

To charge the Emmanuel Movement with being "hedonistic" in character is to misrepresent gravely its ethical aim and purpose. Hedonism is the theory that the highest good, the final aim to which human action is directed, is the feeling of pleasure. We do not accept this doctrine. We do not believe, any more than medical science does, that "relief from pain is of the highest significance in this world." Our view is that the aim of life is

the harmonious development and exercise of all human powers, physical, mental, moral, and religious. But there are conditions which interfere with the functioning of these powers; and these conditions, we believe, ought to be relieved.

A broken nervous system and thin vitiated blood are no good foundations on which to build a sound moral and religious life. Religion is not for the sake of health, but health is for the sake of religion. Not in animal health or freedom from pain can the highest good be found—else would the prize-fighter, who knows neither ache nor pain, be the noblest of our kind; but animal health exists for a higher good, the flesh for the spirit. The worried, anxious, miserable, depressed spirit can scarcely be said to be advancing a kingdom which consists in love, joy, peace, self-control, and the doing of the divine Will.

To sum up, the Emmanuel Movement does not base itself on more or less speculative theories, psychological or theological, though its leaders, like other educated men, may espouse

this or that doctrine; it is grounded on the proved conclusions of modern physiological psychology. It bases itself on the aphorisms of the unity of mind and body (with the corollaries of the influence of mind on body, and the influence of body on mind), the complexity yet unity of the mind, the central importance of the will in the moral life, and the significance of social relationships for our well-being. It is in aim a religious movement, and bases itself on the New Testament as it is interpreted by modern critical scholarship. It believes that man is a religious being, that prayer is therefore an organic instinct, which, like every other instinct, relates him to reality. It believes in the power of faith, and it asserts that the higher the object of faith, the higher will be the results accomplished. It does not believe that its cures are due to any "miraculous" agency, nor does it believe that there is any magic in the relief of suffering. On the other hand, it is not ashamed to acknowledge that the universe lives in and is sustained by the eternal life of God, and that this life is the source of all heal-

ing agency. The Christian Scientist says of an act of healing, "God does it." The confessed or unconfessed materialist says, "The forces of nature do it." It would seem to us to be more philosophical to say, "God does it in and through the forces of nature."

The therapeutic procedures of the Emmanuel Movement are those which are used among all scientific workers, such as suggestion, psychic analysis, re-education, work and rest. The difference, however, is that now, for the first time, sound ethical and religious forces find their proper place as healing agencies of the highest value. In a word, this work stands for a new attitude toward life, or rather, for a return to the attitude of Christ. No longer to stand cowardly and helpless amid the storms and stresses of experience, but to go forth to live our life "in the strength and under the eyes of God"—this is the summons and challenge of the Emmanuel Movement, and this is its inmost meaning.

# APPENDIX—A

## RULES REGULATING THE CO-OPERATION OF MINISTER AND PHYSICIAN

In view of the widespread interest in the so-called Emmanuel movement and because of our appreciation of the value of that work, we, the undersigned, have agreed to serve as an advisory board to the clergy of Emmanuel Church and make the following statement of the manner in which the work is conducted.

We believe the Emmanuel movement is sound in its fundamental principle,—namely, that the effective co-operation of physician and minister is of value to many sick persons. Since character is an important factor in the cure of many diseased conditions, especially of the nervous system, we believe that anyone who can help to guide, strengthen and enlighten the patient by the influence of moral and religious teaching will be of genuine as-

sistance to the patient and to the physician in charge of the case. In rendering such assistance at the physician's request and with his co-operation we believe the clergyman to be entirely upon his own ground, fulfilling in relation to the individual that time-honored office of ethical and spiritual instruction which in the past he has exercised chiefly at long range to congregations from the pulpit.

At the same time we recognize that with the rapid growth of public interest in the Movement, overburdening the devoted ministers of Emmanuel Church with a multitude of applicants, letters and unexpected calls of all kinds, it is necessary that the organization and methods should keep pace with the demands made upon them. Doubtless mistakes have been made but we believe that they have been no more numerous than would be expected in any rapidly developing work in which there exist no precedents to guide the arrangement of details. Methods which seemed adequate at an early stage of the work now need to be improved and in particular a closer relation

between the physician and the clergyman is desirable.

We believe that the provision for the examination and medical treatment of such patients as have no family physician is at present unsatisfactory. The three physicians who have given their services for this purpose have been unable to devote sufficient time to the subsequent medical treatment (in co-operation with the clergy) of the patients examined by them. Indeed had they done so it would have been impossible for them to pursue their own private practice.

In order to preserve and to extend the co-operation of physician and minister the following rules have recently been adopted by the Emmanuel clergy:

1. No person shall be received for treatment unless with the approval of, and having been thoroughly examined by, his family physician, whose report of the examination shall be filed with the Church clinic records.

2. No patient shall be referred for diagnosis or treatment to any specialist or assistant save

with the advice and consent of the patient's own physician.

3. All patients who are not under the care of a physician must choose one and put themselves in his care before they can receive treatment at Emmanuel Church. To those who ask for advice in this choice there shall be handed a printed alphabetical list of the general practitioners (internists) attached to the visiting and out-patient staffs of the Boston City Hospital, the Carney Hospital, the Homeopathic and the Massachusetts General Hospital.

From these (or from any other source if the patient prefers) a physician is to be selected. Should these physicians decide that none of the patients thus referred to them ought to receive treatment at Emmanuel, none will be treated there.

Through the operation of rules 1, 2 and 3, it will be seen that an internist remains throughout in general charge of every case.

It thus rests wholly with the physicians of this community and not with the Emmanuel clergy to decide whether a patient should be

referred to a neurologist or other specialist and which cases, if any, are suitable for treatment by moral and religious re-education at Emmanuel.

The Advisory Board is concerned solely with advice and counsel regarding the manner of conducting the work, and in no sense with the examination, control, or treatment of individual patients.

We believe that under these rules the fundamental object of the movement deserves the support of all physicians and of the community generally.

Joel E. Goldthwait, M.D.
James G. Mumford, M.D.
Richard C. Cabot, M.D.
Joseph H. Pratt, M.D.

## APPENDIX—B

BLANK TO BE FILLED UP BY PHYSICIAN
PRIOR TO ADMISSION OF THE PATIENT

*Name* *Age*

*Address*

*Occupation* *S. M. W.*

*Summary of History*

*Physical Examination*

Weight. Temp. Hemoglobin
Urine:
Chest and Abdominal Organs
Bones, muscles and spinal mobility
Pupils. Knee jerks

*Mental Condition* (presence and duration of the following) :—

Depression
Emotionalism
" Fatiguability "
Excitement
Indecision
Fears
Worries
Fixed ideas
Hallucinations
Tics or Tremors

Is the patient free from any symptoms of the following?:—

1. Insanity
2. Tuberculosis
3. Nephritis
4. Arterio-Sclerosis
5. Cardiac disease
6. Malignant disease
7. Organic disease of nervous system

*Diagnosis:—*

# APPENDIX—C

## THE EMMANUEL SOCIAL SERVICE ASSOCIATION

The Emmanuel Social Service Association, an essential factor in the movement, was founded to give to the environment of the patients care similar to that provided for their bodies by the physicians, and for their minds by the clergymen. An executive committee, composed of the clergy and doctors associated with the Emmanuel Movement, with the addition of some trained social workers and others interested in charities, directs the work of a salaried social secretary, several assistants, and a number of volunteer friendly visitors. The finances, derived from donations made by patients and others, and entertainments, are independently administered.

It has been found by experience that many patients, especially those afflicted with neurasthenia, alcoholism, and other troubles, find it

extremely difficult to obtain employment without assistance, owing to the very nature of their affection, and it is essential to secure positions for them, not only to provide them with the necessities of life, but to keep their minds occupied with something besides their own ailments. Nothing promotes hope and good cheer more than regular employment, which not only fosters the self-respect of the patients, but makes them feel that they count for something in the world, that they are no longer useless wrecks—a burden on their relatives or on the community.

These persons not infrequently require immediate financial aid. An attempt is always made to discover relatives and religious or charitable organizations which can be persuaded to assist. Money is advanced only when every other resource fails, and then only as a loan, in order to preserve the self-respect of the borrowers instead of pauperizing them.

These are evidently difficult tasks, and necessitate the employment of a trained social worker, who must have not only tact and judgment, but also a thorough knowledge of the

resources at the command of the Associated Charities, Young Men's Christian Association, employment agencies, city, state, religious, and charitable institutions and organizations, in order to provide prompt and adequate relief, and also to avoid waste of money and labor, and to guard against possible imposition.

Other patients, while not requiring to earn money, need occupation to keep them from being self-centered. Clerical work has been found useful, but the best results have come from sending them as friendly visitors to others less fortunate. Not only does this have a good effect on the visitor, but new converts are proverbially enthusiastic, and the alcoholic who finds himself released from his bondage is a most valuable assistant in encouraging and keeping up to the mark patients who have just begun treatment.

Very often patients, especially those with nervous troubles, need more than anything else a friend to show personal sympathy and interest, to encourage them, and to make sure that they are following the prescribed direc-

tions. Victims of alcohol especially need this assistance to prevent relapse after the conclusion of their treatment before they have acquired full self-reliance. Fortunately the friendly visitors have been sufficient in number to take care of all such cases, and their work has been so successful as to warrant the extension of this method, which is inspired by personal sympathy and friendly interest.

The presence in a home of one member who is either a neurasthenic or a victim of alcohol, means not only unhappiness, but often a total disintegration of the family and social relationship; it will readily be seen that such conditions demand both sympathy and wisdom on the part of the friendly visitor.

It is necessary to secure boarding places for patients who come from a distance; and in certain nervous cases recreation and amusement must be provided. The importance of these factors is being more clearly recognized, and marked improvement in many cases can be obtained by using no other treatment than a suitable environment; or when a change in

surroundings is impossible, by helping the patient adjust himself to existing conditions. It is hoped that the difficulties which beset the work along these lines may soon be overcome by the providing of a building where the occupation and recreation of patients can be regulated in accordance with modern scientific methods and under the direction of the clergy and physicians associated with the Emmanuel Movement.

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